MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003100
STATE FILE NUMBER

Registration District No. 314 Primary Registration District No. 4459 Registrar's No. 78

FILED JAN 28 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

U930
2430 2 DATE AMENDED
3
4 0
5 1
6
7 0
8 0
94201
10
11
12 2 - 0
13 2 - 0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St Clair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Osceola
Length of stay in 1b: 9 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Osceola Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Hickory
c. CITY OR TOWN: Weaubleau
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): West Weaubleau
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ewin Middle: Edward Last: Allen

4. DATE OF DEATH: Month: JAN Day: 12 Year: 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8-28-90

9. AGE (last birthday): 72
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Forster Mo

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Archie B. Allen

13b. MOTHER'S MAIDEN NAME: Sarah Frances Shelton

14. NAME OF HUSBAND OR WIFE: Adah J. Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of s

16. SOCIAL SECURITY NO.

17. INFORMANT Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocardial infarction — 10 Da
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2 Jan 63 to 12 Jan 63 and last saw her/him alive on 12 Jan 63
Death occurred at 8 A m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): D Wesen MD

22b. ADDRESS: Osceola Mo

22c. DATE SIGNED: 13 Jan 63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: JAN 14-63

23c. NAME OF CEMETERY OR CREMATORY: Butcher Cemetery

23d. LOCATION (City, town, or county) (State): Weaubleau Mo

24. FUNERAL DIRECTOR ADDRESS: Gilbert Holloway Wheatland, Mo

25. DATE RECD BY LOCAL REG.: 1-19-63

26. REGISTRAR'S SIGNATURE: Ruth Sievers

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Whitehall, Wis.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.